-PART B - TEE(S) TRANSMITTAL roplete and serfacilis form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 DEC 0 2 2008 Alexandria, Virginia 22313:1450 or Fax (571)-273-2885 INSTRUCTIONS: This see should be used for transmitting the ISSUS FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate allowed to the current correspondence address as indicated the below or directed otherwise in block I, by (a) specifying a new correspondence address; and/or (f) indicating a separate "FEE ADDRESS" for insintenance fee notifications. CONCENT CONTESPONDENCE ADDRESS (New Yor Japan, ) for pay obsesse of address) Note: A certificate of mailing can saly be used for domestic mailings of the Fee(s) Transmittat. This certificate cannot be used for any other accompanying papers. 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PAID BRIDE EEE TOTAL PRE(\$) DOE DATE DOE nonprovisional NO \$1510 \$300 SO \$1810 02/20/2009 EXAMEGER ART UNIT CLASS-STRELASS MENBERU, BENIYAM 2525 358-001900 Change of norrespondence sodress or indication of "Fee Address" (37 CFR ) 363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys Change of correspondence address (or Change of Correspondence Address form PTO/Sfs/122) suscined. or agonts OR, alternatively, (2) the name of a single-firm thaving is a inember a registered attorney or agent; and the names of up to 2 nightfred potent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" Indication (or Fee Address' Judication form PT()/SB/47; Rev (2)-02, or more recent) salached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (printed by PLEASE NORE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE. (B) RESIDENCE: (CITY and STATE OR COUNTRY) Hewlett-Packard Development Company, L.P. Houston, Texas. Physic check the appropriate assignee category or categories (will not be printed on the parent); Tradividual. Consecution or other private group entity Covernment 4a. The following fee(s) we submitted: 4b. Payment of Fre(y): (Please first reapply any previously paid issue fee shown above) Masse Fee A check is enclosed. XI Publication Fee (No small emity discount permitted) Payment by credit cuit. Form PTO-2038 is attached. The Director is hereby authorized to charge the respired fee(s), my definition, or credit any overpayment, to Deposit Account Number 118-2025. (enclose un extra copy of this for Advance Order + # of Copies ... (enclose an extra copy of this form)... 5. 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